

**Statement of Organization
Recipient Committee**

Statement Type

☒ Initial

Not yet qualified ☐ or

☐ Amendment

List I.D. number:

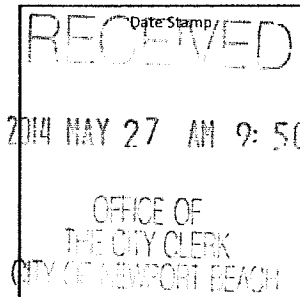
_____/_____/_____
Date qualified as committee

_____/_____/_____
Date qualified as committee
(if applicable)

☐ Termination – See Part 5

List I.D. number:

_____/_____/_____
Date of Termination



| |
|--------------------------------|
| CALIFORNIA FORM 410 |
| For Official Use Only |

1. Committee Information

NAME OF COMMITTEE

GREENLIGHT

STREET ADDRESS (NO P.O. BOX)

2007 HIGHLAND DRIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH CA 92660 949-645-1419

MAILING ADDRESS (IF DIFFERENT)

FAX / E-MAIL ADDRESS

ABEEK@FLASH.NET

COUNTY OF DOMICILE

ORANGE

JURISDICTION WHERE COMMITTEE IS ACTIVE

CITY OF NEWPORT BEACH

Attach additional information on appropriately labeled continuation sheets.

2. Treasurer and Other Principal Officers

NAME OF TREASURER

ALLAN BEEK

STREET ADDRESS (NO P.O. BOX)

2007 HIGHLAND DRIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH CA 92660 949-645-1419

NAME OF ASSISTANT TREASURER, IF ANY

STREET ADDRESS (NO P.O. BOX)

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NAME OF PRINCIPAL OFFICER(S)

ALLAN BEEK

STREET ADDRESS (NO P.O. BOX)

2007 HIGHLAND DRIVE

CITY

STATE

ZIP CODE

AREA CODE/PHONE

NEWPORT BEACH CA 92660 949-645-1419

3. Verification

I have used all reasonable diligence in preparing this statement and to the best of my knowledge the information contained herein is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on MAY 21, 2014 By Allan Beek
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, OR STATE MEASURE PROPONENT

**Statement of Organization
Recipient Committee**

INSTRUCTIONS ON REVERSE

**CALIFORNIA
FORM 410**

Page 2

COMMITTEE NAME

GREENLIGHT

I.D. NUMBER

REQUESTED HERewith

- All committees must list the financial institution where the campaign bank account is located.

| | | |
|---|-----------------|---------------------|
| NAME OF FINANCIAL INSTITUTION NO BANK ACCOUNT YET, AWAITING STATE I.D. NUMBER AND OK OF NAME. | AREA CODE/PHONE | BANK ACCOUNT NUMBER |
| ADDRESS | CITY | STATE ZIP CODE |

4. Type of Committee Complete the applicable sections.

Controlled Committee

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "nonpartisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

| NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT | ELECTIVE OFFICE SOUGHT OR HELD (INCLUDE DISTRICT NUMBER IF APPLICABLE) | YEAR OF ELECTION | PARTY |
|--|---|------------------|--------------------------------------|
| NONE | | | <input type="checkbox"/> Nonpartisan |
| | | | <input type="checkbox"/> Nonpartisan |

Primarily Formed Committee

Primarily formed to support or oppose specific candidates or measures in a single election. List below:

| CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) | CANDIDATE(S) OFFICE SOUGHT OR HELD OR MEASURE(S) JURISDICTION (INCLUDE DISTRICT NO., CITY OR COUNTY, AS APPLICABLE) | CHECK ONE | |
|--|--|-------------------------------------|---|
| NEWPORT BEACH MEASURE AMENDING THE GENERAL PLAN, EXPECTED FOR NOV 4 ELECTION. NO NAME, NUMBER, LETTER, OR EXACT WORDING AVAILABLE YET. | JURISDICTION IS CITY OF NEWPORT BEACH. | SUPPORT <input type="checkbox"/> | OPPOSE <input checked="" type="checkbox"/> |
| | | SUPPORT <input type="checkbox"/> | OPPOSE <input type="checkbox"/> |